# SMITH HOPEN INTELLECTUAL PROPERTY LAW

PEGEIVED CENTRAL FAX GENTER APR 0 9 2008

180 Pine Avenue North, Oldsmar FL 34677 (813) 925-8505 Tel (813) 925-8525 Fax



## INTELLECTUAL PROPERTY LA W

| To:    | U.S. Patent & Trademark Office    | From:   | Molly L. Sauter                        |  |  |
|--------|-----------------------------------|---------|--|--|--|
| Attn:  | Catherine Witczak – Art Unit 3767 | Client: | 1372.32.UTLCPDV2                       |  |  |
| Fax:   | (571) 273-8300                    | Pages:  | 17 including coversheet                |  |  |
| Phone: | (571) 272-7179                    | Date:   | April 9, 2008                          |  |  |
| Re:    | US\$N 10/710,423                  | CC:     | University of South Florida (Assignee) |  |  |

#### Dear Examiner Huh:

In response to the final office action mailed October 9, 2008, we enclose the following:

- Amendment Transmittal with Certificate of Facsimile Transmission under 37 CFR 1.8(a) dated April 9, 2008 - (2 pages);
- Petition and Fee for Extension of Time with Certificate of Facsimile Transmission under 37 CFR 1.8(a) dated April 9, 2008 (2 pages);
- 3) Request for Continued Examination (RCE) Transmittal (1 page);
- 4) Credit Card Payment Form PTO-2038 in the amount of \$930.00 (1 page); and
- 5) Amendment AF after RCE with Certificate of Facsimile Transmission under 37 CFR 1.8(a) dated April 9, 2008 (10 pages).

Very respectfully.

Molly L. Sauter

USPTO Reg. No. 46,457

The documentation accompanying this transmission contains information from the Law Office of Smith & Hopen, P.A., which is confidential and/or privileged. The information is intended only for the use of the individual or entity named on this sheet. If you are <u>not</u> the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action in reliance upon the contents of this telecopied information is strictly prohibited. If you have received this transmission in error, please notify us by telephone immediately, so that we can arrange for the return of the original documents to us at no cost to you.

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.

: 10/710,423

Confirmation No. 5054 RECEIVED

CENTRAL ENVOENT

Applicants:

; Richard Heller

: Mark J. Jaroszeski

: Richard Gilbert

APR 0 9 2008

Filed:

: 07/09/2004

TC/A.U.

: 3767

Examiner

: Catherine Witczak

Docket No.

: 1372.32.UTLCPDV2

Customer No.

: 21,901

For

: Electroporation Device

Transmitted to Central Fax at (571) 273-8300

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

#### AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

#### **STATUS**

2. Applicants are independent inventors.

#### **EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that extension of term is required. Petition and fee are included herewith.

# CERTIFICATE OF FACSIMILE TRANSMISSION (37 C.F.R. 1.8(a))

HEREBY CERTIFY that this correspondence is being transmitted by facsimile to the United States Patent and Trademark Office, Art Unit 3767, Attn: Catherine Witczak (571) 273-8300 on April 9, 2008.

Dated: April 9, 2008

Deborah Preza

(Amendment Transmittal-page 1)

### RECEIVED CENTRAL PAX CENTER

APR 0 9 2008

#### FEE FOR CLAIMS

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below: 4.

| (Col.1) Claims Remaining After Amendment       |    |       | (Col. 2)  Highest No. Previously Paid For | Present | Rate      | Addit.  Rate Fee |  |
|--|----|-------|---|---------|-----------|------------------|--|
| Total  | 14 | Minus | 20  | = 0     | x \$25 =  | \$0              |  |
| Indep.   | 2  | Minus | 3   | = 0     | x \$100 = | \$0              |  |
| First Presentation of Multiple Dependent Claim |    |       |   |         | + \$180 = | \$0              |  |
|  |    |       |   |         | Total     | 60               |  |

Addit Fee **S**0

If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,

If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".

If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3". The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

Very respectfully,

SIGNATURE OF PRACTITIONER

Reg. No. 46,457 Tel. No.: (813) 925-8505 Molly L. Sauter Smith & Hopen, P.A. 180 Pine Avenue North Oldsmar, FL 34677 Agent for Applicants

(Amendment Transmittal-page 2)